

estimate for H.R. 1252, the DHS Acquisition Authorities Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mark Grabowicz.

Sincerely,

MARK P. HADLEY
(For Keith Hall).

Enclosure.

H.R. 1252—DHS Acquisition Authorities Act of 2017

H.R. 1252 would specify which offices in the Department of Homeland Security (DHS) headquarters have responsibility for acquisition programs. Based on information from DHS, CBO estimates that implementing H.R. 1252 would cost less than \$500,000 annually; such spending would be subject to the availability of appropriated funds.

Enacting the legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 1252 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 1252 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Mark Grabowicz. The estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

IN RECOGNITION OF CAROL GOSS
FOR RECEIVING THE ALTERNATIVES FOR GIRLS' ROLE
MODEL AWARD

HON. DEBBIE DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 23, 2017

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Carol Goss, community activist and recipient of the Alternatives for Girls' 2017 Role Model award. Ms. Goss has helped revitalize the city of Detroit and the surrounding area through her work with the Skillman Foundation and other community organizations.

Ms. Goss has been an outstanding advocate for vulnerable women and children. After receiving a Master's in Social Work from the University of Michigan, Ms. Goss worked for the Stuart Foundation and W.K. Kellogg Foundation as a program manager in support of child welfare efforts. In 1998, Ms. Goss joined the Skillman Foundation, an organization that provides grants to support education, safety and youth development initiatives on behalf of children in Detroit. After distinguishing herself as a senior program officer, Ms. Goss was named President and CEO of the foundation, where she served until 2013. After her retirement from the Skillman Foundation, Ms. Goss participated in Harvard's Advanced Leadership Initiative and continues to serve on the boards of directors of several nonprofits, including the Detroit Children's Fund and Safe Routes to Schools the National Partnership.

Ms. Goss's work has impacted countless lives around the country. During her tenure at the Skillman Foundation, Ms. Goss was responsible for spearheading the Good Neighborhoods Initiative, a ten-year, \$100 million effort to improve outcomes for children and revitalize six neighborhoods in Detroit. This pro-

gram leveraged public-private partnerships to expand access to high-quality youth development initiatives in these neighborhoods. This comprehensive, evidence-based offering played a critical role in providing resources to those in need and helped revitalize the city. It is my hope that Ms. Goss continues to build on this success through her continued involvement in Detroit-area nonprofit organizations.

Mr. Speaker, I ask my colleagues to join me in honoring Carol Goss for receiving the Alternatives for Girls' 2017 Role Model Award. Ms. Goss's impactful leadership has played an instrumental role in providing opportunity and improving the well-being of Detroit's residents.

RECOGNIZING THE LIFE OF FALL-
EN MISSISSIPPI SOLDIER MA-
RINE CORPORAL (CPL) DUSTIN
JEROME LEE

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 23, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of fallen Mississippi Marine Corporal (CPL) Dustin Jerome Lee who paid the ultimate sacrifice while defending our nation on March 21, 2007, during Operation Iraqi Freedom III. CPL Lee died from wounds he received during a mortar attack while on a combat mission in Fallujah, Anbar Province, Iraq.

CPL Lee was assigned to the Third Recon Battalion, II Marine Expeditionary Force. Prior to his deployment, CPL Lee was assigned to Headquarters Battalion, Marine Corps Logistics Base in Albany, Georgia. After graduating from Quitman High School in 2004, he joined the Marines. CPL Lee was described as a dutiful son who led a Christian life, and always looked for the good in people. CPL Lee's friends say he always wanted to serve his country.

CPL Lee also had great skills working with animals. While in Iraq, CPL Lee served as the Patrol Explosive Detector Dog handler. Lex, a Military Working Dog, was wounded in the mortar attack that killed CPL Lee. His parents, Jerome and Rachel Lee, were allowed to adopt the bomb-sniffing dog with help from U.S. Representative WALTER JONES (R-NC). After Lex's retirement from military service, he was taken to VA hospitals and retirement homes to comfort veterans. CPL Lee's bond with Lex and his expert dog-handling skills will forever be remembered at the Marine Corps Logistics Base Albany, where the kennel has been named in his honor.

At his funeral, more than 100 members of The Patriot Guard attended along with local high school ROTC members. Law enforcement officers traveled from all across Mississippi to pay their respects. CPL Lee's commander, Colonel Chris Halliday described CPL Lee as a special person who fit into the Marine Corps and its commitment to excellence and dedication to the country.

AMERICAN HEALTH CARE
PROPOSAL

HON. CHELLIE PINGREE

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 23, 2017

Ms. PINGREE. Mr. Speaker, on behalf of my constituent, Jill Job Saxby, I'd like to include in the RECORD her proposal for evaluating the ethics of any health care plan that potentially risks access to care for millions of Americans. I submit that the American Health Care Act does not fulfill these considerations and I urge my colleagues to take seriously the ethical implications of their vote.

Under this proposal, will more of the most vulnerable Americans be able to access quality, affordable health care?

Health care is a basic and universal human need, which, if denied, harms persons and diminishes the community. The most vulnerable are those with the least power, status and resources in society. In the case of health care, the most vulnerable are those who suffer poorer health and shorter life expectancy because of poverty and social inequities that create barriers to accessing quality medical care and all the other contributors to good health (clean environment, healthy food, paid sick leave, reliable child-care and transportation). The most vulnerable would also include those with pre-existing conditions and lack of access to preventive care.

The Golden Rule Test: Am I willing to trade places with those whose lives will be most profoundly affected by this proposal?

The Golden Rule is found in all major world religions. It rests on the moral assertions that: 1) every human life has inherent worth and dignity and 2) because we are all in relationship with one another, my actions (or inactions) towards others have moral consequences for myself and for the larger community.

The Golden Rule requires us to respond to suffering not merely with charity, but with justice. Charity is given by those who can afford it, out of surplus. Justice requires living in right-relationship with all persons, at all times. A just proposal will decrease social inequities and assure a single standard of care, with equal accessibility, to all persons.

Does this proposal treat health care as a fundamental human need giving rise to a human right to care and alleviation of suffering?

Health care is a basic and universal human need. Meeting that need is a precursor to a person's ability to exercise and enjoy the inalienable rights that our nation has recognized from the beginning: life, liberty and the pursuit of happiness.

There is a compelling ethical argument to be made that health care, by its very nature, should not be treated as a commodity to be bought and sold. We already recognize this in some of our long-standing public policies: We do not allow the purchase and sale of human organs for transplant. We have strict rules governing human clinical trials. We provide charity care. We restrict the freedom of sellers by regulating providers' education and licensing. We protect buyers with privacy laws. Such laws recognize that health care intersects with a dimension of human existence that is universally worthy of protection against the forces of the free market.

Therefore, we must ask: how does it address the downside of free market forces, especially rising inequality? Who benefits? Who loses? Does it prioritize profits (a market good) or human health/alleviation of suffering (a common good and a human right)?